at reduction of maternal mortality in the forthcoming phase-ll of the Reproductive and Child Health Programme.

Increasing private hospitals and clinics

†247. DR. PRABHA THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the number of private hospitals and clinics is on the rise day by day throughout the country;

(b) whether the present norms for giving licenses to such clinics and hospitals are adequate;

(c) whether such hospitals and clinics have been given a free hand for taking arbitrary fees from patients;

(d) whether Government proposed to frame any law relating to fixation of fee for such hospitals and clinics; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKALAKSHMI): (a) to (e) Health being a State subject under the Constitution of India, it is the responsibility of State Governments to ensure compliance of health standards by private hospitals, clinics, nursing homes etc. in the State. However, the Government of India is in the process of formulating a Bill prescribing minimum standards and specifications for hospitals, nursing homes and other clinical establishments.

Bill for regulating private clinics

248. SHRI C. PERUMAL; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to draft a model Bill for regulation of private clinics in the country;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

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†Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHM1): (a) to (c) The Government of India is in the process of formulating a Bill prescribing minimum standards and specifications for hospitals, nursing homes and other clinical establishments. In the draft of the proposed legislation, there is a provision for establishment of a Central Council for formulating policy and laying down norms for establishment/regulation of various clinical establishments and also for establishment of State Councils for implementation of the same.

AIDS review of epidemic

249. SHRI R.P.GOENKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the deadly disease AIDS has penetrated deep into the rural areas of Andhra Pradesh, Maharashtra, Karnataka, Manipur and Nagaland and some other States with high population, like U.P., Bihar and Madhya Pradesh, have also become 'highly vulnerable', causing national and international concern;

(b) if so, the details of any recent review undertaken to assess the prevalence of the epidemic in different parts of the country; and

(c) the details of short/long term steps being taken for prevention and control of the infectious disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. National AIDS Control Organisation, Ministry of Health and Family Welfare is conducting annual round of HIV sentinel surveillance in designated sentinel sites ail over the country. One such round was conducted during August to October, 2003. The data from ante-natal clinic sites in both urban and rural areas clearly indicates the presence of HIV prevalence in both urban and rural sites in all the 6 high prevalent States namely Andhra Pradesh, Tamil Nadu, Maharashtra, Karnataka, Manipur and Nagaland. However, the data also indicates that the States of Uttar Pradesh, Bihar and Madhya Pradesh have not shown presence of HIV in rural ante-natal clinics sites in these States. However, because of large size of population, high migration and weak health infrastructure, 14 States including Uttar Pradesh, Bihar and Madhya Pradesh have been identified